U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: \Z / 31 / 2.604
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name MARIO V TERAN	Name Sheet Wetal Workers Local 105
	Labor Organization File Number 5Ҷζーい心
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2/30 Auto Centre Dr.	Street 2120 Auto Centre Dr.
City CLernoro	City Clendoro
State CA. ZIP Code + 4 CANTO	State ZIP Code + 4 9\7\40
5. Position in labor organization.	e Seu fative

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	·

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Date

Telephone Number

Name of Person Filing

B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or rectly to, or otherwise
Name and address of Business (including trade name, if any).	Business deals with:
Name Sheer Metal Workers Trust Funds	Notation of the state of the st
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street III N. Sepulutoa BI. Suite 100	c. Employer
city Wanhattan Beach	
State CA ZIP Code + 4 90726 ]	· •
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trustee of Plan
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Quarrerry Board of Trustees Meering
	12.b. Amount. 72.76
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Sheer Metal Workers Trust Funds	Name of the second of the seco
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust  c. Employer
Street M. N. Sepulutor Bl. Suite 100	Quantum 5
city Manhattan Breach	
State CA ZIP Code + 4 9\026	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trustee of Plan
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Quarterly Board of Trostees
	Quarterry Board of Trostees Meeting,
<sup>1</sup> And y	V
Tally No.	
	12.b. Amount.
	Provide Manufacture and American State of the Control of the Contr
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
(moduling trade name, in arry).		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		· · · · · · · · · · · · · · · · · · ·
Street		
City		
State ZIP Code + 4		Section States
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Sheet Metal Workers Trust Funds	Nonance of the second s
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 11/11/11. Sepuritora B1. Suite 100	c. Employer
city Manhattan Beach	
State	. ~
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trustee of Plan
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.  QUARTERLY BOARD OF TROSTEES  WEETING
	12.b. Amount. 405.04
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	

13.b. Is the Business an Employer

or Consultant

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Name of Person Filing War 10 V. TERAN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Pank Of Www Work		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 7005. FLOWER St. Ste 250	c. Employer	
ay Los Angeles		
State CA. ZIP Code + 4 900		-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Sheet Motol Morkerstrustrustrus	KTOSTER OF PLAN	2000
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		Market or control of the second
street III N. Sepucuedan Blud Suite 100		
city Manhattan Beach	<ul><li>11.b. Approximate dollar value of such dealing.</li><li>12.a. Nature of interest held or income received.</li></ul>	*****
State Z(n ZIP Code + 4 Q 0 Z G T	Chartoble Find Raiser	CHO Straw daniela fan alla Santa
	12.b. Amount. 155-00	
C. Received from any employer (other than an employer covered unde	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money	y or other thing of value.  14.a. Nature of payment.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.d. Nature of payment.	
Name		
		Marchael Williams
Trade Name, if any:		***************************************
P.O. Box, Bldg., Room No., if any		Motor Wheeler a complete the property of the p
P.O. Box, Bldg., Room No., if any		MONTH TOWNS OF A TO A
P.O. Box, Bldg., Room No., if any Street		Manager and the control of the contr

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

City

State

13.b. Is the Business an Employer

or Consultant

City

State

substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Victory Capital Management  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 19200 You Karman Ave	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
City TrV/NQ	
State ZIP Code + 4 XU()\(\text{L}\)	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name SNEET METACMORKERSTRUST FUNDS	Investment Manager Trust Funds
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street W. Sepucyeau Bl	11.b. Approximate dollar value of such dealing.
city Mannattan Breach	12.a. Nature of interest held or income received.
State ZIP Code + 4 CZG	managen.  Expense incidental to managen.
	12.b. Amount. 5780,65
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).  Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer ZIP Code + 4 A 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. ustee of Plan Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 7IP Code + 4 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

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or Consultant

13.b. Is the Business an Employer

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